

**New Jersey Department of Human Services
DIVISION OF AGING SERVICES (DoAS)**

PROGRAM DESCRIPTIONS

June 2017



DIVISION OF AGING SERVICES

New Jersey was one of the first states in the nation to create a state division on aging, through the passage of Chapter 72 of the Public Laws of 1957. Shortly after the federal Older Americans Act was signed into law in 1965, the division was designated as New Jersey's State Unit on Aging (SUA). In 1973, amendments to the Older Americans Act authorized states to designate geographic planning and service areas to be administered by Area Agencies on Aging (AAAs). New Jersey designated each of its 21 county offices on aging as AAAs, making each eligible for federal funding under the Act. All 21 AAAs were later designated as lead Aging and Disability Resource Connections (ADRCs) for their service areas.

Over the past 60 years, New Jersey's SUA has been placed in several departments including Health, Community Affairs, and Health and Senior Services. In July 2012, it was renamed the Division of Aging Services (DoAS) and moved into the Department of Human Services (DHS). This restructuring established a single point of access for older adults, people with disabilities and caregivers seeking long-term services and supports regardless of Medicaid eligibility. DHS assumed responsibility as the SUA, while DoAS serves as the administrative agency.

DoAS administers a number of federal and state-funded programs that make it easier for older adults to live in the community as long as possible with independence, dignity and choice. DoAS receives Older Americans Act funding and serves as the focal point for planning services for the aging, developing comprehensive information about New Jersey's older adult population and its needs, and maintaining information about services available to older adults throughout the state. DoAS also is, and on occasion has been, the recipient of federal grants to initiate or support specific projects benefiting seniors.

State funding, both from the general fund and the Casino Revenue Fund, supports programs and services specific to New Jersey or expands service availability and reach beyond federal funding limits. These include Jersey Assistance for Community Caregiving (JACC), Congregate Housing Services Program (CHSP), Statewide Respite Care Program (SRCP), Alzheimer's Adult Day Services Program, weekend home delivered meals, and two state prescription assistance programs – Pharmaceutical Assistance to the Aged and Disabled (PAAD) and Senior Gold Prescription Discount Program. The division also conducts clinical eligibility and quality assurance for Medicaid Long-Term Services and Supports (MLTSS), and is home to the Office of the Public Guardian and Adult Protective Services. DoAS is also New Jersey's ADRC state lead. DoAS maintains a staff of approximately 300 full-time employees based in Trenton and two regional field offices.

The following is an overview of DoAS programs that serve approximately 300,000 older adults and persons with disabilities in New Jersey.

OFFICE OF AREA AGENCIES ON AGING ADMINISTRATION (AAAA) AND COMMUNITY-BASED SENIOR PROGRAMS

AREA AGENCY ON AGING (AAA) ADMINISTRATION

Office Description: The Office of Area Agency on Aging (AAA) Administration and Community-Based Senior Programs is responsible for a broad array of oversight functions for home and community-based programs provided by or through New Jersey's Area Agencies on Aging/Aging and Disability Resource Connections (AAA/ADRCs). The office reviews and approves Area Plans submitted by the AAA/ADRCs as a condition of receiving state and federal funding for aging services. Some programs and services are administered directly by the AAA/ADRCs while most are provided by community agencies selected and contracted through a county-based competitive bid process. For programs such as Statewide Respite, Congregate Housing Services and Alzheimer's Adult Day Programs, this office administers grants and contracts directly with the community agencies. Programs include:

- Area Plan Contract (APC) services delivered such as outreach, information and assistance, nutrition, in-home care, day care, caregiver support and legal services
- Alzheimer's Adult Day Care Program
- Community Education and Wellness programs
- Congregate Housing Services Program
- Jersey Assistance for Community Caregiving (JACC)
- State Health Insurance Assistance Program (SHIP)
- Statewide Respite Care Program
- Veterans Directed Home-Based Program

State office staff members are responsible for:

- Program oversight and leadership to AAA/ADRCs and community-based agencies
- Regulation, policy and program development and implementation
- Technical assistance and training
- Fiscal support/management of grants and contracts, including applying for federal matching funds
- Data collection, analysis and reporting
- Quality assurance and program monitoring

Older Americans Act Nutrition Services are among the most important services provided. They include: congregate and home delivered meals, nutrition education, nutrition counseling and nutrition screening. Each meal meets the nutritional standard of one-third of the Dietary Reference Intakes (DRIs), and complies with the Dietary Guidelines for Americans - 2015. There are more than 208 nutrition centers throughout New Jersey serving eligible individuals at least one nutritious meal, five or more days per week.

The service targets persons 60 years of age and older; especially low income, minority individuals with limited English proficiency and older individuals at risk of institutional care.

of Beneficiaries: in FFY16, 47,480 seniors received 4.9 million meals: 20,357 seniors received 3.3 million home-delivered meals and 27,123 seniors received 1.6 million congregate meals.

The Aging and Disability Resource Connection reflects the partnership between DoAS, the DHS' Division of Medical Assistance and Health Services, the AAAs, the county welfare agencies (CWAs), the county offices on disability services, Centers for Independent Living and other agencies in the aging and disability services networks. ADRC is a business process that allows for individuals and their caregivers to easily connect to information and access the long term services and supports. The ADRC provides a streamlined system of screening, and access to the full range of public and private long-term services and supports. Person-centered Options Counseling is available.

of Beneficiaries: 212, 260 unduplicated of all individuals were served from January 1, 2015 to December 31, 2016. Almost 400,000 calls were made to the AAA/ADRCs. The top five reasons individuals contacted the ADRC was to seek information on PAAD, Transportation, Home Delivered Meals, Energy/Utility Needs and Information and Assistance

ADRC Website and On-Line Resource Center at www.adrcnj.org offers unique features for consumers and service providers such as access to thousands of national, state and local resources, several search options, and other consumer-friendly tools including Google translation and mapping features.

The Social Assistance Management Systems is the client tracking system used by the ADRC sites. SAMS collects data on consumer data information and tracks the types of services received by consumers. SAMS maintains a resource database so that professionals and consumers can learn about and link to home and community based services.

Sandy Home Repair and Advocacy Program was launched as a result of a federal grant received by the DHS to help seniors and individuals with disabilities whose primary homes were damaged by Superstorm Sandy. Eligible households in each county can receive up to \$5,000 for damage/loss to a primary residence. Included in this program is an advocacy component to help qualified people every step of the way. The program has been extended until September 30, 2017 and is still underway in the majority of the 21 counties; however only Monmouth and Ocean Counties are still providing services to current applicants through April 1, 2017 or before, based on funding availability.

of Beneficiaries: As of May 21, 2017, a total of 1,305 jobs have been completed with 2,607 consumers having received information and assistance on the program. Overall, there have been 1,490 approved applications.

Adult Day Services Program for Persons with Alzheimer's Disease or Related Disorders

provides relief and support to family caregivers of persons with Alzheimer's disease or a related disorder through the provision of subsidized adult day care services. Clients are provided up to three days of service per week, depending on their need and the availability of funds. Priority is given to those persons in the moderate to severe ranges of dementia. Participants pay a cost-share applied to a sliding scale based on income.

of Beneficiaries: 45,044 days of service provided in FY 2016

Congregate Housing Services Program (CHSP) provides supportive services to low-income elderly persons or adults with disabilities who live in selected affordable housing sites. These services may include daily meals provided in a group setting, housekeeping, personal assistance, laundry, shopping, and service coordination. Service subsidies are available on a sliding scale (based on disposable income) to assist tenants in meeting the full cost of the program. There are 33 providers serving 66 buildings in 17 counties.

of Beneficiaries: 2,562 unduplicated participants in FY 2016

Statewide Respite Care Program (SRCP) provides uncompensated caregivers (family, friends, and spouses) with respite from the stress of providing basic, daily care of an adult who has functional impairments. While most care recipients are elderly, this program also serves a significant number of disabled younger adults. A secondary goal of the program is to help families avoid premature nursing home placement of their loved ones. Services are available for emergency and crisis situations, as well as for short-term, intermittent respite. Care recipients pay a cost share, based on income and a sliding scale. SRCP services may include: companions, homemaker/home health aides, adult day health or social day services, temporary care in licensed health care facilities, campership, and private duty nursing service. There is also a caregiver-directed option.

of Beneficiaries: 2,107 caregivers in FY 2016

Jersey Assistance for Community Caregiving (JACC) provides 13 in-home services and supports that enable an individual at risk of placement in a nursing home to remain in his/her community home. By providing a uniquely designed package of supports for the individual, JACC is intended to supplement and strengthen the capacity of caregivers, as well as to delay/prevent placement in a nursing home. JACC services individuals who are not eligible for NJ FamilyCare and

MLTSS. Participants in JACC may share in the cost of their care on a sliding scale based on income. Participants must also meet a nursing facility level of care.

of Beneficiaries: 1,470 individuals in SFY16

Veterans-Directed Home and Community Based-Services (VD-HCBS) addresses the long-term care needs of veterans and their caregivers. It is operated through a partnership between DoAS and the U.S. Veterans Administration New Jersey Healthcare System (Lyons VA Healthcare System). Lyons VA Healthcare System is a part of the Veterans Integrated Services Network 1 (VISN 1) that covers northern/central New Jersey. The VD-HCBS program is providing services to veterans in Bergen, Morris, Warren and Somerset counties.

of Beneficiaries: In 2016, 16 veterans were served. The current census in the four designated counties (Bergen, Morris, Somerset and Warren) is 14 individuals. Since the program started in 2009, 43 veterans have been enrolled in the VD-HCBS program.

Community Education and Wellness fosters the well-being of older adults and their caregivers through coordinated strategies aimed at evidence-based health promotion; provider and consumer education and the prevention, early detection, and prompt management of disease. Primary areas of concentration include chronic disease self-management, osteoporosis, falls prevention, physical activity, health education and medication management.

- **Interagency Council on Osteoporosis** was established in 1997 through the Osteoporosis Prevention and Education Program Act. Staff provides leadership to the Council and implement initiatives in the areas of public and professional education and outreach.
- **Falls Prevention Workgroup** – Originally an Osteoporosis Council subcommittee, this workgroup leads the development and implementation of an annual Falls Prevention Awareness Week to raise awareness of the risk of falling and ways to prevent falls. Activities include county-based community events, educational materials and a yearly Governor's proclamation. Activities include the development of the falls free website providing educational materials and resources for local fall prevention efforts.
- **Take Control of Your Health**, Stanford University's Chronic Disease Self-Management Program (CDSMP), is an evidence-based, six-week course that meets once a week for two and a half hours and is designed to give people with chronic conditions (such as arthritis, heart disease, diabetes, emphysema, asthma, bronchitis, osteoporosis) and/or their caregivers strategies for managing symptoms, working with health care professionals, setting weekly goals, problem-solving, decision making, preventing falls and

improving balance, relaxing, handling difficult emotions, eating well, and exercising safely and easily. The division's license covers CDSMP, the Diabetes Self-Management Program (DSMP), their Spanish-language equivalents, and as of the Fall 2016, Cancer: Thriving and Surviving (CTS).

of Beneficiaries: DoAS holds a multi-site license and administers a network of 248 master trainers and 1,499 peer leaders. Since 2010, nearly 14,617 individuals have participated in 1,254 CDSMP/DSMP/CTS workshops held throughout the state.

- **A Matter of Balance: Managing Concerns About Falls** is a community-based program specifically designed to reduce fear and risk of falling and improve activity levels among older adults. The program includes eight sessions, each lasting two hours, presented over an eight-week or four-week period by trained coaches using a detailed training manual, two instructional videos and a visit from a guest health professional.

of Beneficiaries: Since 2009, 299 workshops were held and approximately 3,642 individuals participated.

- **The Otago Exercise Program** was developed in Australia and is operated in the United States through the University of North Carolina School of Public Health's Center for Health Program and Disease Prevention. It is an eight-session, one-on-one home-based falls prevention intervention led by a physical therapist, physical therapist assistant or a nurse.

of Beneficiaries: Since 2015, 49 individuals have participated in and completed the Otago Exercise Program.

- **Stress-Busting for Family Caregivers** was brought to the state by DoAS in 2016 in partnership with Rowan University's New Jersey Institute for Successful Aging. It is a nine-week program that consists of weekly, 90-minute sessions with a small group of caregivers. Caregivers learn many new skills including information about the disease process, stress management techniques, and a variety of other content. It is designed to improve the quality of life of family caregivers who provide care for persons with chronic diseases and to help caregivers manage their stress and cope better with their lives. Currently the program is only offered by five in-state agencies: DoAS, The Alzheimer's Association, Interfaith Caregivers of Mercer County, Somerset County Office on Aging and Disability Services, and Sussex County Division of Senior Services.

of Beneficiaries: Since the program's start in 2016, 6 workshops were held and 39 individuals participated.

- **Project Healthy Bones** is an exercise and education program for people with, or at risk of osteoporosis. It includes exercises that target the body's larger muscle groups to improve strength, balance and flexibility. The 24-week curriculum includes sessions on the importance of exercise, nutrition, safety, drug therapy and lifestyle factors. The program is peer-led. Lead Coordinators from local health departments, county offices on aging, Retired and Senior Volunteer Programs (RSVPs) and other community-based organizations coordinate the program at the local level and oversee program delivery and training for peer leaders. Project Healthy Bones began in 1997 and today reaches over 2,000 older adults statewide each year. The program is based on research that links strength training exercises to improved bone density in older adults.

of Beneficiaries: Nearly 1,500 people participate in the program annually throughout the state.

- **Move Today** is a 30-45 minute non-aerobic exercise class for older adults. The program is designed to improve flexibility, balance and stamina. The program features a brief education component focusing on an exercise-related topic. Classes are led by trained peer leaders and meet weekly or bi-weekly for twelve-sessions. Most exercises can be done sitting or standing. A major focus of the program is on good posture. Participants assess their health, physical well-being and intent for behavior change before and upon completion of the program.

of Beneficiaries: About 800 people participate in Move Today annually.

- **HealthEASE** is an eight-session health education curriculum on health promotion and disease prevention/management. The eight one-hour classes can be used as stand-alone sessions, or as a series. The modules are: Keeping Up the Beat (heart health), Keeping Your Mind Sharp, Be Wise About Your Medications, Serving Up Good Nutrition, Move to Get F.I.T., Bone Up On Your Health (osteoporosis), Standing Tall Against Falls, and The Big Three (women's health). The sessions are delivered by professionals from the public health or health care fields or by individuals experienced in working with the elderly or disabled. The program has been fully translated into Spanish.

of Beneficiaries: Since 2012, 841 presentations were delivered, reaching 16,944 older adults.

State Health Insurance Assistance Program (SHIP) trains staff and volunteers in 21 counties to assist Medicare enrollees who have problems with or questions about their health insurance. Over 500 counselors provide assistance face-to-face and over the phone on issues related to Medicare enrollment, claims and coverage choices. Information provided on Medicare supplement policies, Part D Drug Plans, Medicare

Advantage Health Plans, Long Term Care Insurance, Medicare coordination with other health plans, and screening for programs that help with medical and medication costs. Educational presentation also provided on Medicare topics for beneficiaries and service providers.

of Beneficiaries: In 2016, SHIP's state office staff and 500 trained counselors statewide report about 24,000 in-person contacts and 36,000 phone contacts annually. Additional 45,000 persons reached through educational events.

Medicare Improvements for Patients and Providers Act (MIPPA) is a federal law that provided grants to states to encourage low-income Medicare beneficiaries to enroll in two under-utilized federal programs that can reduce their out-of-pocket health and prescription drug costs. The grants also promote free and reduced-cost preventive services covered by Medicare Part B. DoAS has awarded 8-11 subgrants annually to County Offices on Aging and SHIPs to meet its MIPPA goals.

of Beneficiaries: Since 2010, more than 20,000 Medicare Savings Programs and Low Income Subsidy applications have been generated and more than 500,000 individuals reached through presentations, health fairs, advertising and other methods.

SHIP/Senior Hotline is responsible for providing information on Medicare and other federal, state and local programs for senior citizens and caregivers via the department's website, one-on-one telephone counseling with callers to two toll-free information lines, and through the development and distribution of relevant fact sheets, brochures and other materials. The primary in-state hotline (800-792-8820) for the State Health Insurance Assistance Program (SHIP) provides free, unbiased counseling for seniors regarding Medicare and other insurance issues. The unit also administers, the ADRC hotline at 877-222-3737. People calling this number from a landline within the state are connected to their County Office on Aging where they can learn about and apply for a broad range of services.

of Beneficiaries: In 2016, more than 44,500 individuals were served directly by the hotline.

OFFICE OF STATE HEALTH INSURANCE PROGRAMS FOR THE AGED AND DISABLED

Office Description: This office is responsible for administering several federal and state benefit programs that help eligible older adults and adults with disabilities pay for medications, home energy, out-of-pocket insurance premiums and co-pays, and other costs. The office utilizes a Universal Application (UA-1) to determine financial eligibility for the Pharmaceutical Assistance to the Aged and Disabled (PAAD)

program, the Senior Gold Prescription Discount program, the Medicare Savings Programs known as the Specified Low Income Medicare Beneficiary (SLMB) and SLMB Qualified Individual (SLMB QI-1) programs, the Lifeline utility assistance program, and the Hearing Aid Assistance to the Aged and Disabled (HAAAD) program. Furthermore, through an interagency agreement with the NJ Department of Health, the Division determines eligibility for the AIDS Drug Distribution Program (ADDP) using a separate application process. In addition, the UA-1 application is used to screen eligibility for several other programs benefiting seniors and the disabled including: Supplemental Nutrition Assistance Program (SNAP), a program that helps people who meet certain income criteria buy groceries; Low Income Home Energy Assistance (LIHEAP) and the Universal Service Fund, two programs that help pay utility costs; "Extra Help with Medicare Prescription Drug Costs," a program that helps pay Medicare Part D costs; and the New Jersey Hearing Aid Project, a program that provides free refurbished hearing aids for eligible low income seniors. Once a person is on the PAAD program; he or she may qualify for a property tax freeze and reduced motor vehicle fees.

PAAD provides pharmaceutical assistance to low-income NJ residents age 65 years of age or older or over age 18 and receiving Social Security Disability benefits. PAAD copays are \$5 for generic drugs and \$7 for brand name drugs.

of Beneficiaries: Approximately 121,000.

Senior Gold provides pharmaceutical assistance to NJ residents age 65 years of age or older or over age 18 and receiving Social Security Disability benefits with income that exceeds PAAD limits by less than \$10,000. Senior Gold copays are \$15 plus 50% of the remaining cost of the drug.

of Beneficiaries: Approximately 18,300.

Lifeline provides \$225 to offset utility costs for eligible low income aged and disabled beneficiaries and is administered by DoAS through an interagency agreement with the Board of Public Utilities. The \$225 is a credit on gas and electric bills for utility customers or a check to tenants who have the utilities included in their rent.

of Beneficiaries: Approximately 280,000.

HAAAD provides \$100 reimbursement to individuals in need of a hearing aid and who meet PAAD eligibility requirements and is administered by DoAS.

of Beneficiaries: Approximately 200.

SLMB/SLMB QI-1 pays Medicare Part B (medical insurance) premiums for eligible New Jersey residents who are not financially eligible for the Qualified Medicare

Beneficiary (QMB) program under New Jersey Medicaid (also known as New Jersey Care).

of Beneficiaries: Approximately 22,000.

ADDP provides life-sustaining and life-prolonging medications to low income individuals with no other source of payment for these drugs.

of Beneficiaries: Approximately 6,200.

Nursing Facility Provider Relations is responsible for determining fee-for-service reimbursement to long term care facilities with Medicaid provider agreements and pays for the custodial care of residents with Medicaid who were in nursing facilities before July 1, 2014. There are 328 nursing facilities and 32 special care nursing facilities, for a total of 360 providers. The program reviews and establishes prospective rates of Medicaid reimbursement and handles appeals associated with the established rates.

OFFICE OF LONG TERM SERVICES AND SUPPORTS

(also known as the Office of Community Choice Options, or OCCO)

Office Description: OCCO administers the Pre-Admission Screening (PAS), Enhanced At Risk Criteria PAS, and the Pre-Admission Screening and Resident Review (PASRR) Screening programs through which potentially-eligible NJ FamilyCare/Medicaid seniors and individuals with functional disabilities are evaluated to determine if they are clinically eligible for long term services and supports. The clinical assessment process includes Options Counseling, which is a process to inform individuals of their available services and supports based on the outcomes of the clinical assessment process. OCCO also administers the Money Follows the Person (MFP) program. OCCO is the State entity for Medicaid Fair Hearings related to clinical eligibility determinations.

Among its responsibilities with regards to the operations of Managed Long Term Services and Supports waiver (MLTSS) are these functions: (1) Clinical eligibility determination for nursing facility level of care which is the standard for MLTSS; (2) Coordination of the Cost Effectiveness Interdisciplinary Team process; (3) Training related to clinical assessment and care management; and (4) Quality Assurance

OCCO also works with nursing home residents, their families and nursing home discharge planners in collaboration with the managed care organizations (MCOs) to assist with resident transitions back to the community and the identification of services required to support community placement. Community Choice Counselors

counsel these individuals on community-based alternatives and participate in discharge planning through an inter-disciplinary team. The focus is to ensure that current/potentially-eligible NJ FamilyCare/Medicaid beneficiaries in need of long-term care receive quality services and appropriate service delivery in the least restrictive care setting.

There are two OCCO Regional Field Offices that cover the state: The Southern Regional Office located in Hammonton serves the counties of Atlantic, Burlington, Camden, Cape May, Cumberland, Gloucester, Mercer, Monmouth, Ocean and Salem counties. The Northern Regional Office located in Edison serves the counties of Bergen, Essex, Hudson, Morris, Passaic, Sussex, Warren, Hunterdon, Middlesex, Somerset and Union.

of Beneficiaries: In CY2016, OCCO Community Choice Counselors handled approximately 74,483 referrals for PAS, Clinical Eligibility Determinations, and EARC-PAS.

Pre-Admission Screening (PAS) is an in-person clinical assessment done by OCCO to determine nursing facility level of care for individuals seeking Medicaid eligibility for waiver programs including JACC, PACE, and MLTSS. The PAS is conducted for individuals who are not yet enrolled in a NJ FamilyCare managed care organization (MCO).

Clinical Eligibility Determination is an in-person clinical assessment done by a designated stakeholder entity such as the ADRC, PACE, or MCO to assess for nursing facility level of care for individuals seeking JACC, PACE, and MLTSS eligibility. OCCO is the sole authority for the determination of nursing facility level of care and making a determination.

Hospital Enhanced At-Risk Criteria Pre-Admission Screening Program (EARC-PAS) is a screening process which provides short-term 90 day authorization for acute care hospital patients being discharged to a Medicaid certified NF. These individuals are potentially or currently eligible for Medicaid and not enrolled in a NJ FamilyCare MCO. A clinical eligibility determination is required upon admission to the NF for individuals who are above the Federal Poverty level limits for Medicaid eligibility and require Medicaid billing during their stay in the NF. Acute care hospital staff trained and certified through the DoAS-established curriculum complete this tool. OCCO is responsible for the authorization process.

I Choose Home New Jersey (ICHNJ), known at the federal level as **Money Follows the Person (MFP)**, is a federal demonstration project that assists Medicaid eligible older adults and individuals with disabilities transition from institutions to community living with the services and supports they need to thrive and helps states strengthen and improve community based systems of long term care. New Jersey submitted an Operational Protocol in 2007 and started transitioning eligible

participants in 2008. As a result of this program, NJ has realized a Medicaid savings of \$23.6 million as of December 31, 2016.

ICHNJ is a collaborative effort between the Centers for Medicare and Medicaid (CMS), Division of Aging Services (DoAS), Division of Developmental Disabilities (DDD), Division of Disability Services (DDS) and the Office of the Ombudsman for the Institutionalized Elderly (OOIE). OOIE markets the program and assists DoAS in identifying residents of nursing homes who would like to transition to the community. NJ Family Care MCOs identify their members who are eligible for the program and partner with DoAS to facilitate the transition.

The program is slated to end September 2020 with the last MFP transition December 31, 2018, unless the program is extended through federal action.

of Beneficiaries: As of May 31, 2017, the project has served 2,100 individuals: 778 DD, 1,322 elderly and physically disabled.

Long Term Services and Supports (LTSS) Quality Assurance works collaboratively with the Division of Medical Assistance and Health Services (DMAHS) to monitor quality assurance for Medicaid's Managed Long Term Services and Supports (MLTSS) program. Central office and OCCO field staff members perform this function. Additionally, the unit performs quality assurance and customer file reviews for the PACE organizations statewide.

Program of All-Inclusive Care for the Elderly (PACE), which was introduced in New Jersey in 2009, is designed to serve individuals 55 and older who require nursing facility level of care but who can continue to reside safely in their communities at the time of enrollment and reside in the service area of a PACE organization. Enrollees can be dual eligible beneficiaries, Medicare beneficiaries, Medicaid beneficiaries or private pay enrollees. PACE is responsible for integrated care along the entire spectrum from primary care to home and community based service to behavioral health, pharmaceutical care, acute and long term care with a PACE Center as the hub. PACE organizations receive capitated Medicare and Medicaid payments. They are full risk bearing organizations (i.e., insurers) for the total cost of care and all incentives are aligned to promote cost effectiveness and optimal outcomes. As both direct care providers and payers for care, PACE organizations deliver comprehensive, fully integrated care provided by an interdisciplinary team of professionals that addresses the needs of those who are medically complex, and functionally and/or cognitively impaired. There are currently five PACE sites operating as LIFE St. Francis in Bordentown, LIFE at Lourdes in Pennsauken, Lutheran Senior LIFE in Jersey City, Lutheran LIFE in Vineland, and Beacon LIFE in Monmouth County.

of Beneficiaries: As of February 2017, the PACE census was 978 participants.

OFFICE OF THE PUBLIC GUARDIAN AND ELDER RIGHTS

Office Description: This office administers guardianship services, Adult Protective Services (APS), the Title III Legal Assistance Program, and Elder Rights.

Office of the Public Guardian (OPG) provides guardianship services to incapacitated adults, age 60 and older. It is administratively situated in the Division of Aging Services. The Public Guardian is appointed by the Superior Court of New Jersey when no family or friends are willing or appropriate to serve as guardian. Once appointed, OPG can oversee medical, social, financial, legal and all other aspects of the client's life on a 24/7 basis.

of Beneficiaries: In 2016, OPG managed nearly 1,500 wards.

Adult Protective Services (APS) investigates allegations of abuse, neglect, and exploitation of older persons and persons with disabilities residing in the community who are being mistreated and who are unable to protect themselves. APS works to stabilize these crisis situations using the least intrusive methods while respecting each individual's right to self-determination. Protective services are voluntary, but may be implemented involuntarily only by way of the courts if deemed necessary to safeguard an individual. All information generated by the investigation is confidential.

of Beneficiaries: In 2016, APS received 8,694 reports of suspected abuse, neglect and exploitation, investigated 4,633 of those reports and 2,255 of those cases were situations in which abuse, neglect and exploitation was "substantiated" or required continued APS intervention.

New Jersey Alzheimer's Disease Study Commission

Report

Submitted to the Governor and the Legislature

August 2016



Find full report posted at:

<http://www.state.nj.us/humanservices/news/reports/doasreports.html>



The New Jersey Alzheimer's Disease Study Commission, created by Public Law 2011, chapter 76, was mandated to study the current issues in New Jersey associated with Alzheimer's disease and comprehensively assess the needs of the State's infrastructure and residents with regard to the disease's impact. Public Law 2011, chapter 76 will expire upon the submission of this report to the Governor and the Legislature.



National Core Indicators
Aging and Disability Adult Consumer Survey
2015-2016 New Jersey Results

Find full report posted at:

http://www.nj.gov/humanservices/dmahs/news/NCI-AD_Survey_NJ_2015-2016.pdf



Human Services
Research Institute

Office of AAA Administration
PO Box 807
Trenton, NJ 08625-0807



ADRC
1 (877) 222-3737

AREA AGENCIES ON AGING

◆ **Atlantic County Division**
of Intergenerational Services
Marilu Gagnon, Division Director
Shoreview Building, Office #222
101 South Shore Road
Northfield, NJ 08225
(609) 645-7700, Ext. 4700
Fax: (609) 645-5940

◆ **Bergen County Division of Senior Services**
Lorraine Joewono, Executive Director
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601-7076
(201) 336-7400
Fax: (201) 336-7430

◆ **Burlington County Office on Aging**
Linda Cushing, Executive Director
49 Rancocas Road
PO Box 6000
Mount Holly, NJ 08060
609-265-5379
Fax: (609) 265-3725

◆ **Camden Department of Health and Human Services**
Division of Senior & Disabled Services
Maureen Bergeron, Executive Director
512 Lakeland Ave. 4th fl.
Blackwood, NJ 08012
(856) 858-3220
Fax: (856) 401-6405

◆ **Cape May County Department of Aging and Disability Services**
Mary Dozier, Acting Executive Director
Social Services Building
4005 Route 9 South
Rio Grande, NJ 08242
(609) 886-2784 & 2785

Fax: (609) 889-0344
◆ **Cumberland County Office on Aging and Disabled**
Barbara Nedohon, Executive Director
Administration Building
800 East Commerce Street
Bridgeton, NJ 08302
(856) 453-2220 & 2221
Fax: (856) 455-1029

◆ **Essex County Division of Senior Services**
Jaklyn DeVore, Executive Director
900 Bloomfield Avenue
Verona, NJ 07044
(973) 395-8375
Fax: 973-228-6892

◆ **Gloucester County Division of Senior Services**
Leona G. Mather, Executive Director
115 Budd Blvd.
West Deptford NJ, 08096
(856) 384-6900
Fax: (856) 686-8343

◆ **Hudson County Office on Aging**
Brian Poffel, Executive Director
830 Bergen Avenue, Suite 3B
Jersey City, NJ 07306
(201) 369-4313
Fax: (201) 369-4315

◆ **Hunterdon County Division of Senior, Disabilities and Veterans' Services**
Laine Nauman, Executive Director
PO Box 2900
Flemington, NJ 08822-2900
(908) 788-1361, 1362 & 1363
Fax: (908) 806-4537

◆ **Mercer** County Office on Aging
Eileen E. Doremus, Executive Director
PO Box 8068
640 South Broad Street
Trenton, NJ 08650
(609) 989-6661 & 6662
Fax: (609) 393-2143

◆ **Middlesex** County Office of Aging and
Disabled Services
Laila Caune, Executive Director
75 Bayard Street, 5th Floor
New Brunswick, NJ 08901
(732) 745-3295
Fax: (732) 246-5641

◆ **Monmouth** County Division on Aging,
Disabilities & Veterans Services
Sue Moleon, Executive Director
Monmouth County Human Services Bldg.
3000 Kozloski Rd.
Freehold 07728
(732) 431-7450
Fax: (732) 303-7649

◆ **Morris** County Division on Aging,
Disabilities and Veterans
Ophelia Cruse, Executive Director
340 West Hanover Avenue, Ground Floor
PO Box 900
Morristown, NJ 07963-0900
(973) 285-6848
Fax: (973) 285-6883

◆ **Ocean** County Office of Senior Services
Jackie Rohan, Executive Director
PO Box 2191
Toms River, NJ 08754-2191
(732) 929-2091
Fax: (732) 506-5019

◆ **Passaic** County Department of Senior
Services, Disabilities and Veterans' Affairs
Mary Kuzinski, Executive Director
930 Riverview Drive, Suite #200
Totowa, NJ 07512
(973) 569-4060
Fax: (973) 256-5190

◆ **Salem** County Office on Aging
Vacant, Executive Director
98 Market Street
Salem, NJ 08079
(856) 339-8622
Fax: (856) 339-9268

◆ **Somerset** County Aging and Disability
Services
Joanne Fetzko, Executive Director
Somerset County Office on Aging & Disability
Services
27 Warren Street, First Floor
P.O. Box 3000
Somerville, NJ 08876-1262
(908) 704-6346
Fax: (908) 595-0194

◆ **Sussex** County Division of Senior Services
Lorraine Hentz, Executive Director
Sussex County Administration Building
1 Spring Street, 2nd Floor
Newton, NJ 07860
(973) 579-0555
Fax: (973) 579-0550

◆ **Union** County Division on Aging
Fran Benson, Executive Director
Administration Building
Elizabeth, NJ 07207
908-527-4870
Toll Free: 888-280-8226
Fax: 908-659-7410

◆ **Warren** County Division of Aging &
Disability Services
Scott Burd, Executive Director
Wayne Dumont Jr. Administration Building
165 County Road, Suite #245
Route 519 South
Belvidere, NJ 07823-1949
(908) 475-6591
Fax: (908) 475-6588

State Plan Guidance
Attachment A

STATE PLAN ASSURANCES AND REQUIRED ACTIVITIES
Older Americans Act, As Amended in 2016

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and activities as stipulated in the Older Americans Act, as amended in 2016.

ASSURANCES

Sec. 305, ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title--

(2)The State agency shall-- except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(B) provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(E) provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(F) provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16); and...

(G)(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals.

(c) An area agency on aging designated under subsection (a) shall be--...

(5) in the case of a State specified in subsection (b) (5), the State agency; and shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other

arrangements, a program in accordance with the plan within the planning and service area. In designating an area agency on aging within the planning and service area or within any unit of general purpose local government designated as a planning and service area the State shall give preference to an established office on aging, unless the State agency finds that no such office within the planning and service area will have the capacity to carry out the area plan.

States must ensure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of single planning and service area states.

Sec. 306(a), AREA PLANS

(a) Each area agency on aging...Each such plan shall--

(2) provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services--

(A) services associated with access to services (transportation, health services (including mental and behavioral health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible) and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance; and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of sub-clause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(iii) with respect to the fiscal year preceding the fiscal year for which such plan is prepared,

(I) identify the number of low-income minority older individuals in the planning and service area;

(II) describe the methods used to satisfy the service needs of such minority older individuals; and

(III) provide information on the extent to which the area agency on aging met the objectives described in clause (i).

(B) provide assurances that the area agency on aging will use outreach efforts that will—

(i) identify individuals eligible for assistance under this Act, with special emphasis on--

(I) older individuals residing in rural areas;

(II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);

(IV) older individuals with severe disabilities;

(V) older individuals with limited English proficiency;

(VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(VII) older individuals at risk for institutional placement; and

(ii) inform the older individuals referred to in sub-clauses (I) through (VII) of clause (i), and the caretakers of such individuals, of the availability of such assistance; and

(C) contain an assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities;

(9) assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title;

(11) provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13) provide assurances that the area agency on aging will—

(A) maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships;

(B) disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship;

(C) demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such contract or such relationship;

(D) demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such contract or such relationship;

(E) on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) provide assurances that preference in receiving services under this title will not be given by the area agency on aging to particular older individuals as a result of a contract or commercial relationship that is not carried out to implement this title;

(15) provide assurances that funds received under this title will be used-

(A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and

(B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(a) Each such plans shall comply with all of the following requirements:...

(3) The plan shall...

- (B) with respect to services for older individuals residing in rural areas—
 - (i) provide assurances that the State agency will spend for each fiscal year, not less than the amount expended for such services for fiscal year 2000...

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act...

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11) The plan shall provide that with respect to legal assistance --

(A) contains assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (i) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and
- (iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(B) the plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on

individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(D) the plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals; and

(E) the plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals --

(A) the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent abuse of older individuals;

(ii) receipt of reports of abuse of older individuals;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(iv) referral of complaints to law enforcement or public protective service agencies where appropriate;...

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State...

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—
(i) older individuals residing in rural areas;
(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;
(iv) older individuals with severe disabilities;
(v) older individuals with limited English-speaking ability; and
(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall--

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(a) ELIGIBILITY.—In order to be eligible to receive an allotment under this subtitle, a State shall include in the state plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

- (i) public education to identify and prevent elder abuse;
- (ii) receipt of reports of elder abuse;
- (iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and
- (iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or
- (iii) upon court order...

**State Plan Guidance
Attachment A (Continued)**

REQUIRED ACTIVITIES

Sec. 305 ORGANIZATION

(a) In order for a State to be eligible to participate in programs of grants to States from allotments under this title—. . .

(2) the State agency shall—

(G)(i) set specific objectives, in consultation with area agencies on aging, for each planning and service area for providing services funded under this title to low-income minority older individuals and older individuals residing in rural areas; . . .

(ii) provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals; and

(iii) provide a description of the efforts described in clause (ii) that will be undertaken by the State agency; . . .

Sec. 306 – AREA PLANS

(a) Each area agency will:

(6)(F) in coordination with the State agency and with the State agency responsible for mental and behavioral health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(6)(H) in coordination with the State agency and with the State agency responsible for elder abuse prevention services, increase public awareness of elder abuse, neglect, and exploitation, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate;”

Sec. 307(a) STATE PLANS

(1) The plan shall—

- (A) require each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and
- (B) be based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The plan shall provide that the State agency will --

(A) evaluate, using uniform procedures described in section 202(a)(26), the need for supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) develop a standardized process to determine the extent to which public or private programs and resources (including volunteers and programs and services of voluntary organizations) that have the capacity and actually meet such need; ...

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). **Note:** "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.

(5) The plan shall provide that the State agency will:

(A) afford an opportunity for a hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issue guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) afford an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The plan shall provide that the State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) The plan shall provide that no supportive services, nutrition services, or in-home services will be directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

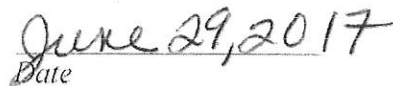
(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).


Laura Otterbourg, Division Director

New Jersey Department of Human Services


Date

State Plan Guidance Attachment B

INFORMATION REQUIREMENTS

IMPORTANT: States must provide all applicable information following each OAA citation listed below. Please note that italics indicate emphasis added to highlight specific information to include. The completed attachment must be included with your State Plan submission.

Section 305(a)(2)(E)

Describe the mechanism(s) for assuring that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

Section 306(a)(17)

Describe the mechanism(s) for assuring that each Area Plan will include information detailing how the Area Agency will coordinate activities and develop long-range emergency preparedness plans with local and State emergency response agencies, relief organizations, local and State governments and other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(2)

The plan shall provide that the State agency will ---

(C) specify a minimum proportion of the funds received by each area agency on aging in the State to carry out part B that will be expended (in the absence of a waiver under sections 306 (c) or 316) by such area agency on aging to provide each of the categories of services specified in section 306(a)(2). (Note: those categories are access, in-home, and legal assistance. Provide specific minimum proportion determined for each category of service.)

Section 307(a)(3)

The plan shall--

...

(B) with respect to services for older individuals residing in rural areas--

(i) provide assurances the State agency will spend for each fiscal year not less than the amount expended for such services for fiscal year 2000.

(ii) *identify, for each fiscal year to which the plan applies, the projected costs of providing such services (including the cost of providing access to such services); and*

(iii) *describe the methods used to meet the needs for such services in the fiscal year preceding the first year to which such plan applies.*

Section 307(a)(10)

The plan shall provide assurance that the special needs of older individuals residing in rural areas are taken into consideration and shall *describe how those needs have been met and describe how funds have been allocated to meet those needs.*

Section 307(a)(14)

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared—

(A) *identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and*

(B) *describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.*

Section 307(a)(21)

The plan shall --

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title (*title III*), if applicable, and *specify the ways in which the State agency intends to implement the activities.*

Section 307(a)(28)

(A) The plan shall include, at the election of the State, an assessment of how prepared the State is, under the State's statewide service delivery model, for any anticipated change in the number of older individuals during the 10-year period following the fiscal year for which the plan is submitted.

(B) Such assessment may include—

(i) the projected change in the number of older individuals in the State;

(ii) an analysis of how such change may affect such individuals, including individuals with low incomes, individuals with greatest economic need, minority older individuals, older individuals residing in rural areas, and older individuals with limited English proficiency;

(iii) an analysis of how the programs, policies, and services provided by the State can be improved, including coordinating with area agencies on aging, and how resource levels can be adjusted to meet the needs of the changing population of older individuals in the State; and

(iv) an analysis of how the change in the number of individuals age 85 and older in the State is expected to affect the need for supportive

Section 307(a)(29)

The plan shall include information detailing how the State will coordinate activities, and develop long-range emergency preparedness plans, with area agencies on aging, local emergency response agencies, relief organizations, local governments, State agencies responsible for

emergency preparedness, and any other institutions that have responsibility for disaster relief service delivery.

Section 307(a)(30)

The plan shall include information describing the involvement of the head of the State agency in the development, revision, and implementation of emergency preparedness plans, including the State Public Health Emergency Preparedness and Response Plan.

Section 705(a) ELIGIBILITY --

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(7) a description of the manner in which the State agency will carry out this title in accordance with the assurances described in paragraphs (1) through (6).

(Note: Paragraphs (1) of through (6) of this section are listed below)

In order to be eligible to receive an allotment under this subtitle, a State shall include in the State plan submitted under section 307--

(1) an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter;

(2) an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle;

(3) an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights;

(4) an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter;

(5) an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5);

(6) an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3--

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

- (i) if all parties to such complaint consent in writing to the release of such information;*
- (ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or*
- (iii) upon court order.*



Verification of Intent


The State Plan on Aging is hereby submitted for the State of New Jersey for the period October 1, 2017 through September 30, 2021. It includes all the assurances and plans to be conducted by the New Jersey Department of Human Services, Division of Aging Services under the provisions of the Older Americans Act, as amended, for the period identified. The State Agency named above has been given the authority to develop and administer the State Plan on Aging in accordance with all requirements of the Act, and is primarily responsible for the coordination of all State activities related to the purposes of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services and to serve as the effective and visible advocate for the elderly in the State.

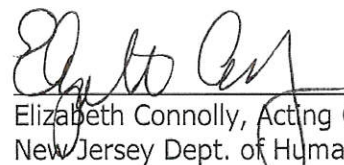
This State Plan on Aging is hereby approved by the Governor and constitutes authorization to proceed with activities under the Plan upon approval by the Assistant Secretary for Aging.

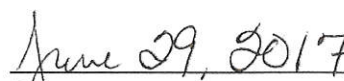
The State Plan on Aging hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

I hereby approve this State Plan on Aging and submit it to the Assistant Secretary for Aging for approval.


Laura Otterbourg, Director
Division of Aging Services


Date


Elizabeth Connolly, Acting Commissioner
New Jersey Dept. of Human Services
Governor Designee


Date



State of New Jersey
Department of Human Services



A Guide to Community-Based Long Term Care in New Jersey



Find full document at:

<http://www.state.nj.us/humanservices/doas/home/ltcguide.html>



AGING & DISABILITY RESOURCE CONNECTION

Your Doorway to Information & Assistance



State of New Jersey
Department of Human Services
Division of Aging Services
P.O. Box 807
Trenton, New Jersey 08625-0807
www.aging.nj.gov